

*Signature of Clerk or Deputy Clerk*

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:18-cv-546

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Tracey Doherty-McCormick, Acting U.S. Attorney, E.D. Va.  
was received by me on *(date)* May 9, 2018 .

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☒ Other *(specify)*: On May 9, 2018, pursuant to Federal Rule of Civil Procedure 4(i), I caused a copy of the  
summons and complaint to be sent by certified mail to (1) Defenant U.S. Patent and Trademark  
Office, (2) Defendant Andrei Iancu, (3) The U.S. Attorney General, and (4) The U.S. Attorney  
for the Eastern District of Virginia.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: May 25, 2018 \_\_\_\_\_

  
\_\_\_\_\_  
*Server's signature*

Richard B. Raile, Associate, Baker & Hostetler LLP  
\_\_\_\_\_  
*Printed name and title*

1050 Connecticut Ave NW, Suite 1100  
Washington, D.C. 20036  
\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            Atty. U.S. Atty for Eastern Dist. of Va.            Tracy Doherty-McCormick            U.S. Attorney's Office            Justin Williamson, U.S. Atty's Bldg            2100 Jameison Ave.            Alexandria, VA 22314</p>		<p>B. Received by (Printed Name)            Wilson</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)            7016 2070 0001 0383 8022</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>9590 9402 2087 6132 8310 18</p>		<p>3. Service Type</p> <p> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)           </p> <p> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery           </p>	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	